FOR THE TOWN OF SAUGUS ENROLLEES



Active Employees, Survivors, and Retirees WITHOUT MEDICARE

Includes 0.75% Administrative Fee

select & save quality. value.	TEACHER Who Retired Before January 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 39.75	\$ 95.39	10%	\$ 39.75	\$ 95.39
Fallon Community Health Plan Select Care	10%	47.17	113.20	10%	47.17	113.20
Harvard Pilgrim Independence Plan	10%	51.35	124.25	10%	51.35	124.25
Health New England	10%	42.71	105.87	10%	42.71	105.87
Navigator by Tufts Health Plan	10%	48.62	117.35	10%	48.62	117.35
NHP Care (Neighborhood Health Plan)	10%	42.17	111.76	10%	42.17	111.76
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	75.33	175.86	25%	188.31	439.64
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	71.85	167.80	25%	179.63	419.50
UniCare State Indemnity Plan/ Community Choice	10%	41.09	98.62	10%	41.09	98.62
UniCare State Indemnity Plan/PLUS	10%	52.18	124.52	10%	52.18	124.52

Retirees and Survivors WITH MEDICARE		Who Retired Juary 1, 2008	RETIREE AND SURVIVOR		
	Pays Monthl	y Per Person	Pays Monthly Per Person		
HEALTH PLAN	%	\$	%	\$	
Fallon Senior Plan*	10%	\$ 19.99	10%	\$ 19.99	
Harvard Pilgrim Medicare Enhance	10%	35.59	10%	35.59	
Health New England MedPlus	10%	35.74	10%	35.74	
Tufts Health Plan Medicare Complement	10%	32.52	10%	32.52	
Tufts Health Plan Medicare Preferred*	10%	16.83	10%	16.83	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	35.52	25%	88.81	
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	34.47	25%	86.16	

^{*} Rates are subject to federal approval and may change January 1, 2009.

Rates are Calculated by the Town of Saugus Benefits Office.

Rate questions? Call: 1.781.231.4126 or 1.781.231.4142